

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to JEWISH ASSOCIATION ON AGING

To operate HARRY & JEANNETTE WEINBERG TERRACE

Located at 5757 BARTLETT STREET, PITTSBURGH, PA 15217

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 115
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

Restrictions:

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 26, 2011 until November 26, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 429810

Robert E. Robinson

ISSUING OFFICER

R. C. King

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable
and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

PHONE: (717) 783-3670
FAX: (717) 783-5662

JAN 05 2012

Ms. Darlene Hovis, Executive Director
Jewish Association on Aging
Harry & Jeannette Weinberg Terrace
5757 Bartlett Street
Pittsburgh, Pennsylvania 15217

Dear Ms. Hovis:

As a result of the Department of Public Welfare's licensing inspection on November 7, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ronald Melusky', with a long horizontal flourish extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

NAME AND ADDRESS OF PERSONAL CARE HOME HARRY & JEANNETTE WEINBERG TERRACE, 5757 BARTLETT STREET PITTSBURGH, PA 15217		CURRENT LICENSE NUMBER 429810	
INSPECTION DATES (Include all dates of the inspection) 11/07/2011		REGIONAL REPRESENTATIVE Joseph Phillips, Lisa Flinger-Alman	
PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) DARLENE HOVIS, EXECUTIVE DIRECTOR			
SIGNATURE OF LEGAL ENTITY <i>Darlene Hovis</i>	DATE 12/07/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Jim B. Kustand (4)</i>	DATE 12-13-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
101j7 Each resident shall have the following in the bedroom: An operable lamp or other source of lighting that can be turned on/off at bedside.	The bed in room #213 does not have a bedside lamp or source of lighting that can be turned on/off at bedside. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">DEC 8 2011</p> <p style="text-align: center;">Adult Residential Licensing</p>	11/22/2011	101j7 The bed in Apartment #213 now has a mounted light source in place. The Executive Director, the Director of Environmental Services and/or designee will be held accountable that all residents have a bedside lamp or source of lighting that can be turned on/off at bedside. The housekeeping and resident care staff that enter the apartments on a regular basis will continually monitor and report any violations. If the lighting source is missing, the Director of Environmental Services will be notified and the lighting source replace immediately.	12-17-11 <i>Y</i>

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history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request.	Western Region § 2600			

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SIGNATURE OF LEGAL ENTITY <i>Dailene Hoves</i>	DATE 12/07/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 12-17-11

REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation.	Resident #3 initiated hospices services on 8/27/11. A new medical evaluation was not completed for the resident's significant change in condition.	12/15/2011	141b2 When any resident is admitted to hospice, a new medical evaluation, support plan and assessment will be completed to reflect hospice services have been initiated. The Director of Resident Services and/or designee will be held accountable to contact the resident's physician for an updated medical evaluation and will then initiate a new support plan & assessment reflecting the significant change in condition.	Steps have been taken to correct violation; full compliance is not verifiable 12-13-11 Date Initials (DPW)
	Western Region	12-31-11	<i>The Administrator or designated staff person will review all results for residents who have a change in medical condition prior to the annual medical evaluation to ensure a new medical evaluation is completed. 12-13-11</i>	
	Adult Residential Licensing	12-13-11	<i>The home requested a new medical evaluation by resident #3's physician. 12-13-11</i>	

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SIGNATURE OF LEGAL ENTITY <i>Darlene Horvath</i>	DATE 12/07/11	REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION	DATE 12-13-11

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183f1 Prescription medications, OTC medications and CAM that are discontinued, expired or for residents who are no longer served at the home shall be destroyed in a safe manner according to the Department of Environmental Protection and Federal and State regulations. When a resident permanently leaves the home, the resident's medications shall be given to the resident, the designated person,	The first aid kit in the administrator's office contained Bacitration zinc ointment expired on 12/10 and antiseptic towelettes expired on 12/07. Western Region 3 971 Adult Residential Licensing	11/8/2011	183f1 The expired Bacitration Zinc ointment and the antiseptic towelettes contained in the first aid kit located in Administration have been disposed of and replace by non-expired items. The Director of Resident Care and/or designee will inspect the first aid kit on a monthly basis for any expired items. All items approaching expiration will be removed and replaced immediately.	12-17-11 8

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if any, or the person or entity taking responsibility for the new placement on the day of departure from the home.	<p style="font-size: 24px; margin: 0;">Western Region</p> <p style="font-size: 24px; margin: 0;">8 2011</p> <p style="font-size: 18px; margin: 0;">Adult Residential Licensing</p>			

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REGULATION 55 Pa.Code §2600	VIOLATION	DATE COMPLIANCE VERIFIED BY	PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur)	DATE COMPLIANCE VERIFIED BY
224a A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.	Resident #5 was admitted to the home on 10/18/10. The resident's preadmission screening was not completed until 10/20/10. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	11/9/2011	224a Thirty days prior to admission, a preadmission screening will be completed and documented on the Department's prescreening form that the needs of the resident can be met by the services provided by Weinberg Terrace. The Director of Resident Services and/or designee will ensure all preadmission screenings are done in a timely manner and completed within thirty days prior to move-in. The Director of Resident Services and/or designee have audited all resident charts and will continue to audit on a regular basis for Regulation 224a compliance.	12-13-11 9

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required.	Resident #3 initiated hospices services on 8/27/11. A new assessment was not completed for the resident's significant change in condition. Western Region Adult Residential Licensing	12/15/11 12-21-11 12-13-11	225c When any resident is admitted to hospice, a new medical evaluation, support plan and assessment will be completed to reflect hospice services have been initiated. The Director of Resident Services and/or designee will contact the resident's physician for an updated medical evaluation and will then initiate a new support plan & assessment reflecting the significant change in condition. <i>The administrator or designated staff person will review all records for residents who have a significant change prior to the annual assessment to ensure a new assessment is completed.</i> <i>Resident #3's support plan was updated to include hospice structure. 12-17-11 g</i>	12-13-11 g

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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227d Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services.	Resident #9's support plan, dated 2/24/11, does not address how the home will meet the needs of the resident for assistance with personal hygiene, bathing, grooming, dressing and undressing identified in the resident's assessment dated 2/22/11. <i>Western Region</i>	12/15/2011 1-10-12	227d Resident #9's support plan dated 2/24/2011 and been revised to address how Weinberg Terrace will meet the needs of the resident for assistance with personal hygiene, bathing, grooming, dressing and undressing in the resident's assessment dated 2/22/2011. It is the Director of Resident Services, the Social Worker and/or designee's responsibility to review all support plans for accuracy and completeness. The Director of Resident Services and/or designee will approve all support plans prior to the support plan being implemented. <i>The administrator or designated staff person will review all current and newly completed support plans to ensure all care needs and services of the residents are documented and are being met.</i> 12-23-11y	12-13-11 y

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PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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227g Individuals who participate in the development of the support plan shall sign and date the support plan.	Resident #3, staff person C and staff person D participated in the development of the resident's support plan dated 5/18/11; however, none of the participants signed the support plan. The following staff persons participated in the development of resident support plans; however, the staff persons did not sign the support plans: <ul style="list-style-type: none"> • Staff person E, resident #1's support plan dated 5/5/11 • Staff person E, resident #6's support plan dated 3/2/11 • Staff person D, resident #7's support plan dated 7/27/11 • Staff person E, resident #8's support plan dated 6/15/11 	11/21/2011 1-10-12	227g The former format of the support plan was saved as a computerized form. Although names were typed on the signature page, only the actual attendees physically signed the support plan attendance sheet. All attendees will sign all support plans at the time of the support plan meeting. All support plans/assessments and RASPs signature pages will not be in a pre-typed format. They will be handwritten at the time of the support plan meeting and will be signed and dated by the attendees prior to the implementation. The Director of Resident Services, the Social Worker and/or designees will ensure compliance with Regulation 227g. <i>The administrator or designated staff person will review all current and newly completed support plans to ensure all required signatures have been obtained</i>	Steps have been taken to correct violation; full compliance is not verifiable 12-13-11	SL (DPW)

12-13-11

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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252 Each resident's record shall include the following information: (1) Name, gender, admission date, birth date and Social Security number. (2) Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks. (3) A photograph of the resident that is no more than 2 years old. (4) Language or means of communication spoken or used by the resident. (5) The name,	The resident records for residents #1 through #10 do not include an inventory of the resident's personal property. <p style="text-align: center; font-size: 1.2em;">Western Region</p> <p style="text-align: center;">Adult Residential Licensing</p>	12/5/2011	252 A personal inventory form has been created and distributed to all current residents along with a letter explaining voluntary compliance. This form is now included as part of the new admission paperwork completed by the Executive Director and/or designee, the resident and/or their POA. The form is to be completed and/or refused and documented within three days of move-in. The Executive Director and/or designee will be responsible for the distribution and collection of said forms, which will be kept in the residents' file in Administration.	Steps have been taken to correct violation; full compliance is not verifiable 12-13-11 Date: _____ Initials: (DPW)

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address, telephone number and relationship of a designated person to be contacted in case of an emergency. (6) The name, address and telephone number of the resident's physician or source of health care. (7) The current and previous 2 years' physician's examination reports, including copies of the medical evaluation forms. (8) A list of prescribed medications, OTC medications and CAM. (9) Dietary	Western Region 3 2011 Adult Residential Licensing			

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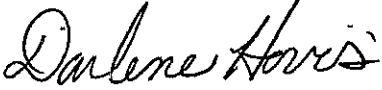
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restrictions, if any. (10) A record of incident reports for the individual resident. (11) A list of allergies, if any. (12) The documentation of health care services and orders, including orders for the services of visiting nurse or home health agencies. (13) The preadmission screening, initial intake assessment and the most current version of the annual assessment. (14) A support plan. (15) Applicable court order, if any.	Western Region Adult Residential Licensing			

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receiving assistance with financial management. (21) The reason for termination of services or transfer of the resident, the date of transfer and the destination. (22) Copies of transfer and discharge summaries from hospitals, if available. (23) If the resident dies in the home, a copy of the official death certificate. (24) Signed notification of rights, grievance procedures and applicable consent to treatment protections specified	Western... Adult Residential Licensing			

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in 41. (25) A copy of the resident-home contract. (26) A termination notice, if any	Western Region 8 2011 Adult Residential Licensing			